DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WHAT WE DO

The New York City Department of Health and Mental Hygiene (DOHMH), also referred to as the Health Department, protects and promotes the health and well-being of all New Yorkers. The Health Department engages with communities to develop and implement robust public health programming and policy recommendations, enforces health regulations, responds to public health emergencies, and provides direct health services. The Health Department also leads the design and oversight of citywide population health strategies—most notably through HealthyNYC, the City's comprehensive health agenda—by implementing policies and programs that address the leading drivers of premature death and persistent racial health inequities that disproportionately affect communities of color, especially Black New Yorkers.

Central to the Health Department's mission, the Agency provides direct services at tuberculosis clinics, sexual health clinics, an immunization clinic, three Neighborhood Health Action Centers, and more than 1,200 public schools. The Health Department issues birth and death certificates, inspects restaurants and child care centers, and provides services to children and families, including the Early Intervention Program that serves infants and toddlers with developmental delays and a home visiting program for pregnant people. Additionally, the Health Department coordinates prevention efforts and rapid responses to emergent public health threats.

The Health Department's impact goes well beyond what is accomplished by its own workforce. The Agency contracts with hundreds of community-based organizations to deliver mental health, developmental disability, and alcohol and substance use services. It works with health care providers to improve health care delivery and to increase the use of preventive services, such as immunizations and cancer screenings.

FOCUS ON EQUITY

Achieving more equitable, efficient, and effective health outcomes for all New Yorkers requires the City to explicitly acknowledge and address health inequities driven by historical and contemporary injustices, including structural racism and other discriminatory policies and practices that continue to shape health outcomes today. As part of its strategic plan, the Health Department seeks to embed equity and anti-racism principles into all of its work, internally and externally. Recognizing that social determinants of health (non-medical factors that influence health outcomes and inequities) include social systems (relationships and power structures with individuals, communities, and institutions), the Health Department has reconceptualized the ways in which it interacts with communities and develops intervention strategies. To do this, the Health Department primarily uses the principles of Public Health Critical Race Praxis (PHCRP) to promote equity in its programming. With this framework, services provided at the Health Department's Neighborhood Health Action Centers—located in North and Central Brooklyn, East Harlem, and the South Bronx—demonstrate the collaborative place-based approaches proven to improve population health and address health inequities at the neighborhood level.

November 2026 will mark three years since the Health Department launched HealthyNYC, the City's comprehensive population health agenda to improve life expectancy and create a healthier City for all. HealthyNYC's overarching goal is to increase New Yorkers' life expectancy to at least 83 years of age by 2030. It sets specific goals to mitigate the primary factors contributing to declines in life expectancy, including COVID-19, drug overdose, suicide, and chronic diseases such as heart disease and screenable cancers. It also addresses racial inequities that disproportionately affect Black New Yorkers, particularly inequities in deaths due to pregnancy-associated causes and to incidents of violence. In Fiscal 2026, the Health Department released provisional Calendar 2024 HealthyNYC data, showing that life expectancy rose from 82.6 years in Calendar 2023 to 83.2 years in Calendar 2024. Despite surpassing the 2030 goal early, significant racial inequities in life expectancy persist and Black New Yorkers continue to experience the worst health outcomes. Looking ahead, the Health Department will refine its strategies to narrow the life expectancy gap between Black New Yorkers and the rest of the citywide population.

Data for Equity (D4E), which originally operated as a Task and Finish Group and then a cross-division workgroup from Calendar 2018–2023, was relaunched in July 2025 to institutionalize the recommendations made from the initial group. D4E's mission is to strengthen the Agency's ability to use data to expose, understand, and address health inequities and to develop approaches to support Agency staff who work with data at all junctures of the data lifecycle. D4E is currently working on understanding the scope and magnitude of missing or inconsistent race and ethnicity data within datasets at the Health Department and identifying strategies to mitigate them. Additionally, D4E is working on two Agency-wide guidance documents for the collection, analysis, and reporting of gender identity and race and ethnicity. These efforts aim to ensure that equitable data inform policy and program implementation.

OUR SERVICES AND GOALS

SERVICE 1 **Detect, prevent, and reduce the transmission of infectious diseases.**

- Goal 1a Reduce new cases of HIV and other sexually transmitted infections.
- Goal 1b Prevent the transmission of other infectious diseases.
- Goal 1c Prevent the transmission of vaccine-preventable diseases.

SERVICE 2 **Prevent chronic disease by promoting access to health resources and a healthy environment.**

- Goal 2a Reduce financial barriers to health resources and minimize the influence of harmful products.
- Goal 2b Improve preventive health care.

SERVICE 3 **Promote a safe environment.**

- Goal 3a Reduce hazards to children in homes and child care programs.
- Goal 3b Reduce the threat of foodborne illness.
- Goal 3c Reduce animal-related risks to human health.

SERVICE 4 **Prevent and address mental illness, developmental delays and disabilities, and substance use.**

- Goal 4a Reduce the adverse health consequences of substance use.
- Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

SERVICE 5 **Provide high-quality and timely service to the public.**

- Goal 5a Provide birth and death certificates to the public quickly and efficiently.

HOW WE PERFORMED

- In Calendar 2024, 1,791 people were newly diagnosed with HIV in New York City, a five percent increase from Calendar 2023. This follows a similar increase, up seven percent, in new diagnoses from Calendar 2022 to Calendar 2023, contrasting with the yearly declines seen in the decade prior to Calendar 2020. While surveillance data do not pinpoint a specific cause of these observed events, factors may include increased engagement in care and services—including HIV testing, population changes, or increased HIV transmission. Among people newly diagnosed in Calendar 2024, 85 percent were Black or Latino/a, 75 percent were men, 66 percent were between the ages of 20 and 39, and 65 percent were men who have sex with men. Additionally, interviews by the Health Department's Assess.Connect.Engage. Team showed that many people newly diagnosed with HIV lack health insurance, face housing instability, and have unmet food and nutrition needs, emphasizing the need for strong prevention and supportive services. To support affected New Yorkers, the Health Department provides services such as routine HIV testing in high-volume settings, the PlaySure Network 2.0 program for comprehensive sexual health services, distribution of free safer-sex products, and municipally funded Sexual Health Clinics. The Health Department also supports community providers to improve engagement in HIV care and HIV treatment initiation and adherence. Such programming aims to increase viral suppression among people with HIV, in particular in communities in which suppression rates have lagged (for example, Black and Latino New Yorkers, transgender New Yorkers, and youth). As of Calendar 2024, 90 percent of people with HIV who were receiving medical care achieved viral suppression. While the City has made significant strides in HIV prevention, testing, and treatment over the years, persistent inequities and the slowing of progress toward bringing down new HIV diagnoses come as the Health Department expects an increase in uninsured New Yorkers due to federal policy changes passed by Congress and signed by the President in July 2024. Additionally, enhanced federal subsidies under the Affordable Care Act expired on December 31, 2025, making health insurance unaffordable for more New Yorkers. Federal funding for HIV, Medicare, and other safety net programs is also under significant threat, which will heavily impact the Health Department's ability to continue its HIV prevention, identification, and treatment work.

- In the first quarter of Fiscal 2026, 63.5 percent of children ages 24–35 months had up-to-date immunizations, a one percentage-point decrease compared to the first quarter of Fiscal 2025 and below the 70.0 percent target. While the cause of this change is unclear, it may be influenced by the federal government's recent attacks on vaccinations that have negatively impacted public perception of their safety and effectiveness. The Health Department continues to track pediatric vaccination coverage and targets intervention efforts in historically under-vaccinated neighborhoods. In June 2025, the Agency launched a public-facing Childhood Vaccination Data Explorer to assist providers and the public in increasing coverage. Additionally, the Health Department co-sponsored a Provider Summit with the New York State American Academy of Pediatrics to identify barriers to vaccinating this young age group and best practices for improving coverage at the practice level and citywide. The Health Department also continues to administer the Vaccines for Children program, which distributes no-cost vaccines for 77 percent of the City's pediatric population. This includes children who are eligible for the federally funded Vaccines for Children program (children eligible for or enrolled in Medicaid, underinsured, uninsured, and/or Alaska Native/American Indian) and those who are eligible for vaccines at no cost through their enrollment in the state's children's health insurance plan.

- During the first four months of Fiscal 2026, 94.6 percent of students in public/non-charter and charter schools were in compliance with immunization requirements for the 2025–2026 School Year. This is a two percentage-point increase from the compliance rate recorded during the same period in Fiscal 2025. The improvement may be in part due to the Health Department's continued efforts to promote vaccination in schools and in collaboration with State and national partners to ensure safe and effective vaccines remain available and accessible for school-aged children.

- The proportion of 13-year-olds who completed the HPV vaccination series reached 47.0 percent in the first quarter of Fiscal 2026, a 4.6 percentage-point increase from the first quarter of Fiscal 2025. In Spring 2025, the Health Department launched an advertising campaign for parents of eight-year-olds to 17-year-olds to promote vaccine initiation. The Agency also launched a campaign to begin HPV vaccination at age nine rather than at age 11. This included a kick-off letter to all providers to announce the updated recommendation as well as updates to the Citywide Immunization Registry to do the same.

- In Fiscal 2025, $2.25 million in Health Bucks were publicly distributed to support nutrition security. The program increases resources for New Yorkers with low incomes to purchase fresh produce at City farmers markets. Health Bucks are distributed as Supplemental Nutrition Assistance Program (SNAP) incentives, through non-profit partners, and via health programming at the Health Department and the City's Health + Hospitals system.
- In the first four months of Fiscal 2026, the Health Department conducted 2,245 inspections of group child care programs, a decrease of approximately six percent from the same period in Fiscal 2025; however, the Agency remains on pace to inspect all group child care programs annually. The percentage of centers not requiring a compliance inspection after an initial visit improved by four percentage points to 84.4 percent.
- Initial health inspections were conducted for 29.0 percent of the City's restaurants during the first four months of Fiscal 2026, a decrease of nearly two percentage points from the same period in Fiscal 2025. This decline is due to continued inspector staffing shortages. Although the Health Department is actively recruiting to fill vacancies, it does not expect to meet the 100.0 percent annual target in Fiscal 2026. The proportion of restaurants scoring an 'A' grade improved slightly to 89.5 percent.
- The Health Department performed approximately 50,000 initial pest control inspections in the first four months of Fiscal 2026, an 11 percent decrease from the first four months of Fiscal 2025, driven by temporary productivity slowdowns while critical technology upgrades were completed. Of these initial pest control inspections, 18.9 percent of properties failed due to active rat signs, reflecting a three percentage-point improvement in failure rates. This improvement is attributed to inter-agency interventions in rat-mitigation zones and the promotion of best practices in rat management.
- The Health Department issues state-mandated dog licenses, which are used to help reunite lost dogs with their owners and are required to use services such as NYC Parks dog runs and dog-friendly restaurants. In the first four months of Fiscal 2026, approximately 66,900 dogs were licensed in the City, a 10 percent decline from the same period in Fiscal 2025. The Health Department is exploring ways to better educate the public about the requirement and promote the benefits of dog licensing.
- In Calendar 2024, deaths from unintentional drug overdose in the City reached 2,192, a 28 percent decrease from Calendar 2023. Although fentanyl remains prevalent in 73 percent of overdose deaths in Calendar 2024, its presence has decreased from 80 percent in Calendar 2023. This suggests that the decline in deaths is not only driven by a reduction in fentanyl in the drug supply, though it will take time and rigorous research to identify the main drivers of this change. The Health Department nearly tripled its distribution of naloxone kits between Calendar 2020 and Calendar 2024. The Agency utilizes the HealthyNYC drug overdose prevention plan, which includes distributing fentanyl test strips, operating a peer-led non-fatal overdose response system, and investing in opioid overdose prevention programs.
- Referrals to the assisted outpatient mental health treatment program increased by 10 percent during the first four months of Fiscal 2026 compared to the same period in Fiscal 2025. This increase may be due to increased awareness of the program within the mental health provider community.
- During the first four months of Fiscal 2026, 13,000 units of supportive housing were available for people with or at risk for serious mental health and substance use disorders, an eight percent increase from the same period in Fiscal 2025. This growth is due to the completion of construction for three new supportive housing buildings this fiscal year.
- In the first four months of Fiscal 2026, 4,800 children received services from the Early Intervention Program, a nine percent increase from the 4,400 children served in the first four months of Fiscal 2025. The previous year's figures were slightly depressed due to the implementation of a new New York State case management system, called the EI Hub, which launched in October 2024 and caused temporary backlogs during the transition.
- The Health Department's Co-Response Team (CRT), a collaboration with the New York Police Department (NYPD), contacted 155 individuals in the first four months of Fiscal 2026, a 33 percent increase from the same period in Fiscal 2025. This increase followed the incorporation of a new intake process in May 2025 and the onboarding of new staff in July 2025, which allowed for more follow-ups and consultations.

- Average response times to requests for birth and death certificates in the first four months of Fiscal 2026 were 2.6 days and 1.4 days, respectively. While these times increased from the first four months of Fiscal 2025, they continue to outperform the three-day target. The increase in birth certificate turnaround times may be partly due to the higher request volumes that are largely driven by the federal Real ID policy. The Health Department has maintained processing times within target levels despite the volume increase by promoting online requests.
- The Health Department responded to 61 percent of letters within 14 days during the first four months of Fiscal 2026, down from 80 percent in the first four months of Fiscal 2025. This low service level was due to an influx of letters regarding seasonal quality-of-life issues and Legionnaires' disease in August 2025. Performance has improved since the summer.
- In the first four months of Fiscal 2026, 44 percent of calls were answered within 30 seconds, a decrease from 78 percent in the first four months of Fiscal 2025. Factors include a 23 percent increase in birth certificate inquiries, lengthy onboarding times for new employees, and tech glitches following a migration to a new cloud-based platform in August 2025.
- Timeliness for responding to rodent complaints improved by 16 percentage points in the first four months of Fiscal 2026, with 84 percent of complaints addressed within 14 days. This improvement is attributed to new reporting tools to track pending work and additional resources for routing and closing cases. Response to food establishment complaints decreased five percentage points to 91 percent, continuing to meet the 90 percent target despite inspection staffing shortages.

SERVICE 1 Detect, prevent, and reduce the transmission of infectious diseases.

Goal 1a Reduce new cases of HIV and other sexually transmitted infections.

	Actual			Target		4-Month Actual	
Performance Indicators	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ New HIV diagnoses (CY)	1,591	1,700	1,791	⇩	⇩	NA	NA
★ Infectious syphilis cases (CY)	2,310	1,762	1,469	⇩	⇩	NA	NA
★ Congenital syphilis cases (CY)	21	35	37	⇩	⇩	NA	NA
HIV viral suppression (%) (CY)	88%	89%	90%	92%	93%	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 1b Prevent the transmission of other infectious diseases.

	Actual			Target		4-Month Actual	
Performance Indicators	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ New tuberculosis cases (CY)	535	679	832	⇩	⇩	NA	NA
Seniors, age 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	72.4%	69.2%	70.1%	70.0%	70.0%	NA	NA
★ COVID-19 hospitalizations rate (per 100,000 admissions) (CY)	602.0	214.7	165.5	⇩	⇩	NA	NA
Hepatitis C cleared or cured (%) (CY)	68.8%	69.0%	71.5%	73.0%	74.0%	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 1c Prevent the transmission of vaccine-preventable diseases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Children ages 24-35 months with up-to-date immunizations (%)	60.1%	66.1%	64.5%	70.0%	70.0%	64.5%	63.5%
★ Children in public schools who are in compliance with required immunizations (%)	96.4%	96.5%	97.7%	99.0%	99.0%	92.7%	94.6%
★ HPV vaccine series completion (%)	42.8%	42.1%	43.0%	53.0%	53.0%	42.4%	47.0%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 2 Prevent chronic disease by promoting access to health resources and a healthy environment.

Goal 2a Reduce financial barriers to health resources and minimize the influence of harmful products.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Adult New Yorkers without health insurance (%) (CY)	11.2%	11.9%	9.4%	10.5%	10.0%	NA	NA
Health Bucks distributed ($000,000)	NA	$2.27	$2.25	$2.20	*	NA	NA
★ Adults who smoke (%) (CY)	8.7%	8.2%	7.5%	⇩	⇩	NA	NA
Adults who consume one or more servings of sugar-sweetened beverages per day (%) (CY)	14.5%	14.0%	14.3%	*	*	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 2b Improve preventive health care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Adults, ages 45-75, screened for colorectal cancer (%) (CY)	66.6%	68.4%	70.3%	*	*	NA	NA
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	134.8	143.7	NA	133.1	133.1	NA	NA
★ Diabetes management among adult New Yorkers (%) (CY)	74.0%	75.0%	74.3%	⇧	⇧	NA	NA
★ ✹ Infant mortality rate (per 1,000 live births) (CY) (provisional)	4.3	4.2	3.9	4.1	4.1	NA	NA
★ Pregnancy-associated mortality ratio for Black women and birthing people (per 100,000 live births) (Five-year averages) (CY)	127.3	NA	NA	97.1	97.1	NA	NA
Pregnancy-associated mortality ratio (per 100,000 live births) (Five-year averages) (CY)	52.3	NA	NA	*	*	NA	NA
★ Adult heart failure hospitalizations rate (per 100,000 population) (CY)	323.9	341.3	NA	*	*	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 3 Promote a safe environment.

Goal 3a Reduce hazards to children in homes and child care programs.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Childhood blood lead levels – number of children younger than age 18 with blood lead levels of 5 micrograms per deciliter or greater (CY) (preliminary)	3,243	3,456	3,289	⇩	⇩	NA	NA
★ Childhood blood lead levels – number of children younger than age 6 with blood lead levels of 5 micrograms per deciliter or greater (CY) (preliminary)	2,713	2,803	2,600	⇩	⇩	NA	NA
★ Active group child care center full inspections	6,553	7,417	8,392	*	*	2,385	2,245
★ Active group child care center initial inspections that do not require a compliance inspection (%)	78.6%	78.9%	82.2%	⇧	⇧	80.3%	84.4%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 3b Reduce the threat of foodborne illness.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Restaurants inspected (%)	83.4%	66.4%	69.7%	100.0%	100.0%	30.9%	29.0%
★ Restaurants scoring an 'A' grade (%)	90.0%	86.9%	89.2%	⇧	⇧	87.1%	89.5%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 3c Reduce animal-related risks to human health.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Initial pest control inspections (000)	179	150	148	*	*	56	50
Initial inspections with active rat signs (ARS) (%)	22.3%	24.2%	19.7%	*	*	21.9%	18.9%
★ Compliance inspections found to be rat free (%)	28.0%	27.3%	27.8%	⇧	⇧	27.2%	28.9%
Dogs licensed (000)	79.9	75.7	70.1	105.0	105.0	74.4	66.9
Animals testing positive for rabies at the Public Health Laboratory (CY)	38	12	8	*	*	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance use.

Goal 4a Reduce the adverse health consequences of substance use.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Buprenorphine patients (CY)	15,139	15,202	15,619	16,919	16,919	NA	NA
★ ✹ Deaths from unintentional drug overdose (CY) (provisional)	3,070	3,046	2,192	⇩	⇩	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Individuals in the assisted outpatient mental health treatment program	2,442	2,657	2,828	*	*	2,043	2,256
★ Units of supportive housing available to people with or at risk for developing serious mental health and substance use disorders (000)	11.4	12.1	12.8	13.3	14.0	12.0	13.0
New children receiving services from the Early Intervention Program (000)	15.2	14.5	12.6	*	*	4.4	4.8
Health-led crisis response and community-based de-escalations	NA	8,145	9,970	*	*	2,534	2,486
Individuals who received services from long-term mobile community-based treatment providers	5,296	5,729	6,288	6,072	6,072	5,293	5,461
Individuals contacted by a DOHMH Co-Response Team	840	506	528	625	700	117	155
Services provided by NYC 988	NA	NA	334,000	371,594	371,594	NA	151,180

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 5 Provide high-quality and timely service to the public.

Goal 5a Provide birth and death certificates to the public quickly and efficiently.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Average response time for birth certificates by mail/online/in person (days)	2.0	1.6	2.7	3.0	3.0	2.0	2.6
★ Average response time for death certificates by mail/online/in person (days)	1.3	0.9	1.4	3.0	3.0	1.3	1.4

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Workplace injuries reported	96	94	93	*	*	28	37
Environmental Control Board violations received at the Office of Administrative Trials and Hearings (OATH)	45,527	48,298	51,551	*	*	16,239	14,743
Environmental Control Board violations admitted to or upheld at the Office of Administrative Trials and Hearings (OATH) (%)	66.9%	73.7%	73.7%	*	*	73.8%	76.3%
Human services contracts	NA	NA	151	*	*	NA	NA
Human services contract registration within 30 days of the contract start date (%)	NA	NA	62%	*	*	NA	NA
Total dollars disbursed for human services contracts ($000,000)	NA	NA	$539.50	*	*	NA	NA

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
Customer Experience	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Completed requests for interpretation	59,975	87,630	89,508	*	*	30,301	29,773
Letters responded to within 14 days (%)	63%	60%	69%	70%	70%	80%	61%
E-mails responded to within 14 days (%)	85%	87%	88%	80%	80%	89%	87%
Average wait time to speak with a customer service agent (minutes)	1	1	0	10	10	NA	NA
CORE facility rating	98	100	96	85	85	NA	NA
Calls answered within 30 seconds (%)	69%	78%	65%	80%	80%	78%	44%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Performance Indicators	Actual			Target		4-Month Actual	
Response to 311 Service Requests (SRs)	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Percent meeting time to first action – Rodent (14 days)	66%	65%	79%	73%	73%	68%	84%
Percent meeting time to first action – Food Establishment (14 days)	96%	77%	98%	90%	90%	96%	91%
Percent meeting time to first action – Food Poisoning (3 days)	99%	99%	100%	90%	90%	100%	99%
Percent meeting time to first action – Indoor Air Quality (14 days)	99%	99%	99%	95%	95%	98%	99%
Percent meeting time to first action – Smoking Complaint (14 days)	91%	75%	100%	75%	75%	97%	100%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

AGENCY RESOURCES

	Actual			Sept. 2025 MMR Plan	Updated Plan	Plan	4-Month Actual	
Resource Indicators	FY23	FY24	FY25	FY26	FY26[1]	FY27[1]	FY25	FY26
Expenditures ($000,000)[2]	$2,335.5	$2,344.3	$2,452.2	$2,440.6	$2,907.9	$2,512.5	$1,527.1	$1,706.2
Revenues ($000,000)	$31.9	$34.7	$40.0	$31.6	$31.6	$31.6	$13.7	$12.0
Personnel	6,164	6,253	6,282	7,229	7,435	7,219	6,276	6,260
Overtime paid ($000,000)	$24.0	$21.0	$18.2	$5.6	$19.2	$9.6	$5.6	$5.0
Capital commitments ($000,000)	$341.6	$115.3	$0.4	$186.4	$262.8	$135.3	$7.9	$26.95
Human services contract budget ($000,000)	$909.4	$1,008.0	$1,076.8	$1,006.2	$1,317.9	$1,162.1	$413.4	$607.0

[1]February 2026 Financial Plan. [2]Expenditures include all funds "NA" - Not Available

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY25[1] ($000,000)	February 2026 Financial Plan FY26[2] ($000,000)	Applicable MMR Goals[3]
Personal Services - Total	$608.7	$696.7	
101 - Health Administration	$80.3	$75.9	All
102 - Disease Control	$127.7	$143.3	1a, 1b
103 - Family and Child Health	$113.3	$150.4	1b, 2b
104 - Environmental Health Services	$86.2	$91.2	2b, 3a, 3b, 3c
105 - Early Intervention	$15.9	$19.3	4b
106 - Office of Chief Medical Examiner	$83.9	$94.3	Refer to table in OCME chapter
107 - Center for Health Equity & Community Wellness	$33.4	$35.8	2a, 2b
108 - Mental Hygiene Management Services	$49.2	$63.1	4a, 4b
109 - Center for Population Health Data Science	$18.8	$23.4	2a, 2b, 5a
Other Than Personal Services - Total	$1,843.5	$2,211.2	
111 - Health Administration	$163.6	$240.8	All
112 - Disease Control	$319.2	$337.0	1a, 1b
113 - Family and Child Health	$133.2	$138.3	1b, 2b
114 - Environmental Health Services	$48.6	$61.6	2b, 3a, 3b, 3c
115 - Early Intervention	$332.4	$336.8	4b
116 - Office of Chief Medical Examiner	$24.1	$33.5	Refer to table in OCME chapter
117 - Center for Health Equity & Community Wellness	$89.3	$92.7	2a, 2b
118 - Mental Hygiene Management Services	$43.5	$51.6	4a, 4b
119 - Center for Population Health Data Science	$6.1	$14.4	2a, 2b, 5a
120 - Mental Health Services	$543.4	$720.1	4b
121 - Developmental Disability	$6.9	$8.6	*
122 - Alcohol & Drug Use Prevention, Care, Treatment	$133.3	$175.7	4a
Agency Total	$2,452.2	$2,907.9	

[1]Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2025. Includes all funds. [2]Includes all funds. [3]Refer to agency goals listed at front of chapter. * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator 'Safer sex product distribution (000)' in Goal 1a was retired as it does not fully reflect the current prevention landscape. HIV prevention has shifted toward a broader set of strategies, including Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and testing, which are not captured by a single product-distribution metric.
- The indicator 'HIV viral suppression (%) (CY)' was added to Goal 1a as a core program indicator for the Ending the HIV Epidemic initiative. This metric allows the Health Department to monitor and improve the extent to which New Yorkers with HIV are successfully accessing and taking HIV treatment, as well as the potential for ongoing HIV transmission in the City from untreated infections.
- The indicator 'Children ages 19–35 months with up-to-date immunizations (%)' in Goal 1c was retired and replaced with 'Children ages 24–35 months with up-to-date immunizations (%)' to better align with national benchmarks and the NYC Childhood Vaccination Data Explorer.
- The indicator 'Animals testing positive for rabies at the Public Health Laboratory (PHL) (CY)' was moved from Goal 1b to Goal 3c to consolidate animal-related health risk reporting under one goal.
- Service 2 was renamed 'Prevent chronic disease by promoting access to health resources and a healthy environment' from 'Prevent chronic diseases by promoting healthy behaviors and preventive health care' to better align with the Health Department's chronic disease prevention approach, which was updated in January 2025.
- Goal 2a was renamed 'Reduce financial barriers to health resources and minimize the influence of harmful products' from 'Reduce tobacco use and promote physical activity and healthy eating' to better align with the Agency's revised service and chronic disease prevention approaches.
- The indicator 'Adult New Yorkers without health insurance (%) (CY)' was moved from Goal 2b to Goal 2a to reflect the revised goal focused on reducing financial barriers to health.
- The indicator 'Health Bucks distributed ($000,000)' was added to Goal 2a because it addresses nutrition security and equitable access to healthy, affordable food, which is critical for addressing long-standing inequities and the rising prevalence of diet-related diseases. Due to budget uncertainties, the Fiscal 2027 target cannot be established.
- The indicator 'Adults with obesity (%) (CY)' in Goal 2a was retired as this indicator exclusively relies on Body Mass Index (BMI), calculated using self-reported weight and height. Clinical and epidemiology communities have increasingly recognized the limitations of BMI in reflecting the health of individuals.
- The indicator 'Services provided by NYC 988' was added to Goal 4b to reflect renewed interest in the program and more accurately defines counselor support and de-escalation as a service rather than a general engagement.
- The indicator 'New individuals served by a DOHMH Co-Response Team' in Goal 4b was retired and replaced with 'Individuals contacted by a DOHMH Co-Response Team.' The name and definition were updated to more accurately capture the comprehensive work performed by these teams.
- The indicators 'Total dollars disbursed for human service contracts,' 'Human service contract registration within 30 days of the contract start date (%),' and 'Human service contracts' were added to the 'Agency-wide Management' section. Due to the data processing timeline, the indicator data will be published annually in the Preliminary Mayor's Management Report (PMMR) following the close of the fiscal year reported.

- A number of previously published figures were updated as part of this publication after a review of historical data:
  - The Calendar 2022 figure for 'New HIV diagnoses (CY)' was updated from 1,590 to 1,591. The Calendar 2023 figure was updated from 1,705 to 1,700, and Calendar 2024 was updated from NA to 1,791.
  - The Calendar 2022 figure for 'Infectious syphilis cases (CY)' was updated from 2,312 to 2,310. The Calendar 2024 figure was updated from 1,466 to 1,469. The four-month actual Fiscal 2025 figure was also updated from 329 to NA because this indicator was moved to a calendar year and annual reporting cycle in the Fiscal 2025 Mayor's Management Report to match other public health surveillance data.
  - The four-month actual Fiscal 2025 figure for 'Congenital syphilis cases (CY)' was updated from 20 to NA because this indicator was moved to a calendar year and annual reporting cycle in the Fiscal 2025 Mayor's Management Report to match other public health surveillance data.
  - The Calendar 2024 figure for 'New tuberculosis cases (CY)' was updated from 839 to 832.
  - The Calendar 2022 figure for 'Diabetes management among adult New Yorkers (%) (CY)' was updated from 73.9 percent to 74.0 percent. The Calendar 2024 figure was updated from NA to 74.3 percent.
  - The Calendar 2024 figure for 'Deaths from unintentional drug overdose (CY) (provisional)' was updated from NA to 2,192.
  - The four-month actual Fiscal 2025 figure for 'Units of supportive housing available to people with or at risk for developing serious mental health and substance use disorders (000)' was updated from 12.4 to 12.0.
  - The four-month actual Fiscal 2025 figure for 'Health-led crisis response and community-based de-escalations' was updated from 2,370 to 2,534.
  - The four-month actual Fiscal 2025 figure for 'Percent meeting time to first action – Food Poisoning (3 days)' was updated from 99 percent to 100 percent.
- An inconsistency was discovered in the 2023 and 2024 Community Health Surveys, which required the survey weights to be recalculated. Survey weights are applied to each individual included in the sample and used to make representative statements for adult New Yorkers. The Health Department analyzed the data for both years using the updated weights and Calendar 2023 and Calendar 2024 figures were updated for the following indicators:
  - The Calendar 2023 figure for 'Seniors, age 65+, who reported receiving a flu shot in the last 12 months (%) (CY)' was updated from 68.7 percent to 69.2 percent, and the Calendar 2024 figure was updated from 69.2 percent to 70.1 percent.
  - The Calendar 2023 figure for 'Adult New Yorkers without health insurance (%) (CY)' was updated from 12.0 percent to 11.9 percent, and the Calendar 2024 figure was updated from 9.3 percent to 9.4 percent.
  - The Calendar 2023 figure for 'Adults who smoke (%) (CY)' was updated from 7.9 percent to 8.2 percent, and the Calendar 2024 figure was updated from 7.7 percent to 7.5 percent.
  - The Calendar 2023 figure for 'Adults, ages 45-75, screened for colorectal cancer (%) (CY)' was updated from 68.5 percent to 68.4 percent, and the Calendar 2024 figure was updated from 71.4 percent to 70.3 percent.
- The Fiscal 2026 target for 'Hepatitis C cleared or cured (%) (CY)' was updated from 70.0 percent to 73.0 percent.

ADDITIONAL RESOURCES

For additional information visit:

- HealthyNYC: New York City's Campaign for Healthier, Longer Lives: https://www.nyc.gov/site/doh/about/about-doh/healthynyc.page
- Care Community, Action: A Mental Health Plan for NYC: https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan/
- Provisional Birth and Death Data: https://www.nyc.gov/site/doh/data/data-sets/vital-statistics-data.page
- Childhood Vaccination Data Explorer: https://www.nyc.gov/site/doh/data/data-sets/childhood-vaccination-data.page
- The Mayor's Office of Contract Services' Citywide Indicators Report: https://www.nyc.gov/site/mocs/resources/citywide-indicator-reports.page
- The Social Indicators and Equity Report, EquityNYC: http://equity.nyc.gov/

For more information about the NYC Health Department, please visit www.nyc.gov/health.